## CITY OF WICHITA/WICHITA TRANSIT

## REGIONAL RIDESHARE PROGRAM APPLICATION FORM

## PERSONAL INFORMATION Name: Home Address: City: Zip: Home Phone: Closest Major Intersection: TRIP INFORMATION Destination: Address: City: Work Phone: Zip: Circle Work Days: Sun Thurs Fri Sat Mon Tues Wed (A.M. / P.M.) To (A.M. / P.M.) Primary Work Hours: (A.M. / P.M.) To Optional Work Hours: (A.M. / P.M.) Do you have a car available: Yes No Will you carpool with a smoker? Yes No Would you like WT Bus / Van information? Yes No

All information on this form is confidential and will be used for carpool matching only. Wichita Transit cannot be responsible for its unauthorized use by persons with whom you are matched or by others.